This form is available el					Form Approved - OMB No. 0560-01
<b>CCC-Cotton AA</b> (07-10-03)	U.S. DEPARTMENT OF AGRICULTURE  Commodity Credit Corporation			1. CROP YEAR	2. LDP NO.
UPLAND COTTON PRODUCER'S LOAN DEFICIENCY PAYMENT APPLICATION AND CERTIFICATION			3. FARM NO.	<u>'</u>	
			4. FILE SEQUENC	E NO. 5. BALE COUNT	
Privacy Act and Public Burd		2.			
PART A - APPLICATION		1 1 4 6 1	1.C' ' (I.DD)	' 1 '4 7 CED E	1407
					Part 1427 with respect to the upland ayment, the Producer hereby represents
				ollateral for a CCC loan and a CC loan unless the LDP is den	does not reflect production ied due to payment limitation.
		rith respect to their share to their share to their share to their share or sharecropper.	of the upland cotton indicated	d on the attached production e	evidence provided by the
3. With respect to the cot	ton indicated on the prod	uction evidence provided	by the Producer.		
<ul> <li>a. The Producer has a crop year,</li> </ul>	nd always had beneficial	interest in such cotton in	accordance with the regulation	on governing the cotton loan p	program for the above indicated
b. Such cotton has no	been acquired directly of	or indirectly from a share	tenant or sharecropper,		
c. If the Producer is a	share tenant or sharecrop	pper, each landlord who h	as an interest in such cotton h	nas jointly signed this applicat	tion,
d. Such cotton is in ex	sistence and is not false-p	acked, water-packed, mix	ked-packed reginned, or repa	cked.	
CCC's determination CCC determines that	are subject to 7 CFR Part the producer has misrepro	1427; (2) CCC may requesented the eligibility of the	ire copies of all sales contrac	ts applicable to the productions agreement, CCC shall require	LDP, and that this application and n represented by this application; (3) if re repayment of the entire LDP plus
			has been ginned, the LDP rate ompleted is received by FSA		the date (on or after the date of the
completed application will apply to the cotton	n is received by FSA (sul on bales produced from the odule/storage unit for wh	omitted.) For such applicate unginned cotton identifier	ations, the producer agrees the din Part B. The Producer	nat the LDP rate will be based agrees to submit gin-provided	d-in on the date an accurately on the locked-in AWP. Such LDP rate documentation identifying the bales based on a locked-in-rate not supported
7. The Producer agrees  PART B - MODULE ID	•		anceled or revised unless the	LDP is denied due to paymen	nt limitation.
his Part to be completed	if application is for AV	/P lock-in before ginnin			
. GIN CODE	2. MODE OF STO	DRAGE 3. GIN-AS	SSIGNED MODULE OR TE	RAILER NUMBER	
Are you or any co-ann		v federal non tav deht?	(If "YES", provide details	on Page 2)	
. Are you or any co app	YES	NO	(II TEO, provide details	on rage 2).	
certify that all informat	_		rumentation is true and co	rrect:	
2. SIGNATURE OF PRODUC			M-DD-YYYY) 2. SIGNATURE C		SHARE 4. DATE (MM-DD-YYYY
			<u>I</u>		

6. TELEPHONE NO. (Area Code):

DATE SUBMITTED

(MM-DD-YYYY)

3. DATE APPROVED (MM-DD-YYYY)

NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Agricultural Act of 1949, as amended, the Federal Agriculture Improvement and Reform Act of 1996 (Pub. L. 104-127), the Commodity Credit Corporation Charter Act, as amended, and regulations (7 CFR Part 1427). The information will be used to determine eligibility for cotton loan deficiency payment program benefits. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in ineligibility to receive program benefits. This information may also be provided to other USDA agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies and in response to orders of a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 266, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0129. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions searching existing data sources gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.